MAY IS:
Asthma & Allergy Awareness
Better Sleep Month
Healthy Vision Month

In This Issue:
2018 CE, Gift Trade Show CE Courses
Satisfy Your First Aid Shoppers
Sanofi Dispels Some Allergy Myths
Trending In Industry!
Front End Fixation
Creating Practice Niches
As competition continues to challenge traditional pharmacy businesses, this session is intended to educate participants on how to develop a niche practice model that ultimately improves outcomes and creates new markets for pharmacies and becoming more attractive to health benefit plans.

You Can Hire A Pharmacist, But You Can’t Hire An Owner
When someone gets married; when someone has a child, their priorities must change. That other person becomes more important than themselves. The same is true for pharmacy. When the pharmacist decides to own a community pharmacy, their priorities must change. While you may still be a pharmacist working at the counter, you are now a business owner who has responsibilities that no one else in the pharmacy can take care of for you. This session will look at how to determine which responsibilities you can delegate as well as looking at the details of those responsibilities which are yours. We will also look at how you can create an, “owner’s manual” as we will discuss how most every task that can put into a sequence can be delegated to someone other than yourself.

Physician-Pharmacist Collaboration
Pharmacists continue to expand their scope of practice and work more closely with physicians. This presentation is intended to provide various models that foster expansion of patient care and revenue through physician-pharmacist collaboration.

The Current State of the Opioid Crisis
An Introduction to Long Term Care Pharmacy for the Community Pharmacy
The activity will discuss new federal pharmacy laws that affect the practice of pharmacy and what pharmacists must do to comply with them. Common questions and pharmacy practice-related issues regarding controlled substance dispensing and record keeping will also be covered. Finally, the program will conclude with tools and techniques pharmacists can use to help combat prescription drug diversion in their pharmacy.

An Update of Federal Pharmacy Law
The activity will discuss new federal pharmacy laws that affect the practice of pharmacy and what pharmacists must do to comply with them. Common questions and pharmacy practice-related issues regarding controlled substance dispensing and record keeping will also be covered. Finally, the program will conclude with tools and techniques pharmacists can use to help combat prescription drug diversion in their pharmacy.

New Therapeutic Agents for Type II Diabetes
This activity will explain the pharmacology of newly released diabetes therapies and review the updates/changes to the American Diabetes Associations treatment guidelines.

The Pharmacist’s Role in Patient Safety
Medication safety is an ongoing concern within the health care system. Pharmacists play a vital role to ensure the safety of patients. System and process related medication errors will be discussed with various solutions for implementation.
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Surveys say

The most recent National Health Interview Survey statistics from 2015 showed that 8.4% of children younger than 18 years had allergic rhinitis, and slightly more than 10% had some type of respiratory allergy. For most of these individuals, a parent or caregiver will be the primary decision maker for what product to use.

Where do these individuals obtain information about these products, and how can we take a more proactive approach in the education and product selection processes?

A recent survey of parents (1,066 respondents) of children aged 6 to 12 years with seasonal allergies was conducted at the C.S. Mott Children’s Hospital. Parents were asked questions related to product selection, their experience with products, and where they obtain information. Fewer than 40% of the respondents indicated they seek information or advice from a pharmacist.

Use of allergy medication in the pediatric population is fairly prevalent, and while a majority of parents seek advice or information from another health care provider, challenges with dosing and use of an adult product suggest safety issues that are not being properly addressed.

We have to do a better job of promoting pharmacists’ knowledge of OTC products and inform folks beyond those who get prescriptions filled that we are available to assist with self-care options. The pediatric population is one of the more high-risk groups, and it deserves our attention to ensure OTC product selection is safe and effective.

Another survey, conducted online in 2015 with results published in 2017, assessed the impact of symptoms related to seasonal allergic rhinoconjunctivitis (SARC) on daily living. Adults and parents of children aged 12 to 17 years with SARC were asked how symptoms affected daily activities and quality of life, symptom severity, types of health care providers seen, and types of medications used. Most patients experienced symptoms in the spring, but 20% of adults and 21% of children had symptoms throughout the year. More than 80% in both groups rated their symptoms as moderate or severe before treatment.

A majority of the adult patients were being treated by their primary care physician (58%), while the pediatric patients were being managed by either their primary care provider (35%), pediatrician (30%), or allergy specialist (24%); only 5% stated they were under a pharmacist’s care. Thirty-nine percent of adults and 47% of children only used a medication recommended by their physician or pharmacist. Another 27% of adults and 30% of children supplemented these medications with other OTC products for symptom management.

The most commonly used OTC products were antihistamines, followed by decongestants, combination products, and I.N. steroids. Of interest, almost one half of the respondents stated they had reduced productivity at work or school for 6 to 20 days per month because of their condition and symptoms.

Managing symptoms

Survey data suggest seasonal allergy symptoms are prevalent and affect patients’ quality of life and daily living. Not only are pharmacists the most accessible health care provider, we are also the most knowledgeable about OTC products. Patients benefit from pharmacists’ expertise, especially for advice and information on OTC medications used to manage allergy symptoms.

Spring allergy season is right around the corner. I challenge you to help your patients prevent and manage their seasonal allergies this year!

References

Column coordinator: Daniel L. Krinsky, RPh, MS, associate professor, department of pharmacy practice, Northeast Medical University, Rootstown, OH

Source: https://www.pharmacytoday.org/article/S1042-0991(18)30237-8/fulltext

During spring allergy season, parents with kids at high risk can rely on pharmacists

Seasonal allergy complaints are one of the most common reasons people seek self-care relief. Myriad OTC medications are available for symptom management, and the recent availability of intranasal (I.N.) corticosteroids has provided pharmacists with another safe category to recommend to many individuals. Yet recent survey data reveal that although numerous medications are available and apparently are being used, pharmacists are underutilized as experts in this area.

Of health care providers seen, and types of medications used. Most patients experienced symptoms in the spring, but 20% of adults and 21% of children had symptoms throughout the year. More than 80% in both groups rated their symptoms as moderate or severe before treatment.

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Key findings from survey

- 91% used medication to treat their child’s symptoms.
- 51% used medication to prevent their child from having symptoms.
- 89% used a medication labeled for use in children.
- 15% gave their child a medication labeled for use in adults.
- 21% stated it was difficult determining an accurate dose on the basis of product labeling.

Parents indicated they obtain their information or advice from one or more of the following:

- 61% from their doctor
- 38% from their pharmacist
- 32% from a family member or friend
Each year, the Asthma and Allergy Foundation of America (AAFA) declares May to be “National Asthma and Allergy Awareness Month.” It’s a peak season for those with asthma and allergies, and a perfect time to educate your patients, family, friends, co-workers and others about these diseases.

There is no cure for asthma and allergies, and many deaths are preventable with proper treatment and care. Ten people a day die from asthma. Asthma affects more than 24.5 million Americans. More than 6 million children under the age of 18 have asthma. More than 50 million Americans have all types of allergies – pollen, skin, latex and more. The rate of allergies is climbing. Please join us in raising awareness for these common diseases.

AAFA invites you to use our resources and tools to bring healthy messages to your pharmacy, community and home!

**May Asthma and Allergy Awareness Events**

Connect with the Asthma and Allergy Foundation of America in May – online or in person! AAFA participates in the following events and educates the public with the best asthma and allergy information available. You are not alone in the battle against asthma and allergies – so share our awareness messages or come to an event! Be sure to follow us for Asthma and Allergy Awareness on our blog, Facebook, Twitter, Instagram and YouTube!

**May 1-31:** Join AAFA as we focus on prevention and treatment of asthma and allergies this month.

**May 2:** Twitter chat: Be #AsthmaFit with AAFA and AAAAI

**May 4:** National FPIES Awareness Day – We honor those with food protein-induced enterocolitis syndrome.

**May 13-19:** Food Allergy Awareness Week (FAAW) – One in thirteen U.S. children has a food allergy.

**May 13-19:** Check to see if your local building or landmark will #TurnItTeal for food allergies!

**May 14-20:** National Eosinophil Awareness Week – Learn more about eosinophilic esophagitis (EoE).

Information and Resources are available online at:  
http://www.aafa.org/page/awareness-events.aspx
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NO-AD® Sunscreen Lotion SPF 45  16oz.  802645

BullFrog® Mosquito Coast® SPF 30 Pump Spray 4.7oz.  663559
BullFrog® Land Sport® SPF 50 Quik Gel 5oz.  663567
BullFrog® Land Sport® SPF 50 Sport-Dri Spray 6oz.  663583

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ACTIVE
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SPORT
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- Sweat Resistant
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FACE
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- Won’t Clog Pores
- No Parabens or Fragrances

KIDS
- No Parabens or Fragrances
- Sweat Resistant
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- Water Resistant (40 Minutes)

BLUE LIZARD
AUSTRALIAN SUNSCREEN
Born in Australia | Made in the USA
Sanofi helps dispel allergy myths ahead of the season
BY MICHAEL JOHNSEN

Every spring, allergies take control of the lives of millions of Americans, affecting their work, their family time and even how well they sleep at night. Something else affects those millions of allergy sufferers, according to a new survey from Sanofi released Tuesday, big misconceptions about allergies may keep people from getting needed relief.

To help put those misconceptions about allergies to rest, Sanofi has teamed up with science educator and television personality Adam Savage, along with allergist Neeta Ogden, to dispel those misconceptions with credible information.

“There are misconceptions that exist about many topics in life that people just accept as the truth, and allergies are no different. My mission is to challenge those misconceptions and really get to the bottom of them using science and logic,” said Savage, best known as former co-host/executive producer of the Discovery Channel series “Mythbusters.” “By shining a light on these misconceptions, I hope to inspire allergy sufferers to be more curious about their condition and figure out the best way to manage it based on real facts.”

Operating out of Bridgewater, N.J., Sanofi conducted the allergy survey in early 2018, just before the start of the season.

According to the survey:

More than half of allergy sufferers believe allergy symptoms are inevitable, and that you can’t control them. The fact is, there are many ways allergy sufferers can take back control. For example, they can make small changes to their daily routines like washing their hair at night and not sleeping near their pets; One in four allergy sufferers believe allergies are only an issue during the day. That’s another misconception: Allergies can also result in restless and sleepless nights, leaving people tired and unable to function properly the next day; Nearly 40% of allergy
sufferers believe all allergy pills make you sleepy/groggy. While it’s true that some first-generation antihistamines can make you sleepy, second-generation antihistamines that have been on the market for years offer non-drowsy relief; Nearly 40% of allergy sufferers believe nasal sprays are difficult to use. However, some nasal sprays are ergonomically designed to fit comfortably in your nose, so you can deliver relief right to the source of your nasal allergy symptoms; and one in four allergy sufferers believe all over-the-counter allergy medicines are the same. But in reality, different medicines have different formulas and active ingredients, which means they may treat different symptoms and provide different kinds of relief.

“I often hear allergy misconceptions first-hand from my patients. I also hear many of them say they do the same thing every year when it comes to managing their symptoms, even if they don’t think it’s working well enough,” said Ogden, an adult and pediatric allergist, asthma specialist and immunologist. “It’s important for allergy sufferers to break this cycle by learning more about this condition and being prepared to manage it as early on as possible by finding a treatment that works for them.”

Sanofi has a long-standing commitment to helping allergy sufferers. The company makes three allergy products that are available over-the-counter at pharmacies, at full prescription strength.

Allegra is an antihistamine that offers fast, non-drowsy relief from allergy symptoms including sneezing, runny nose, itchy watery eyes, and itchy nose or throat. Relief starts in just one hour and stays strong for 24. Meanwhile, Nasacort Allergy 24HR is a scent and alcohol free nasal spray that provides 24-hour relief of sneezing, itchy runny nose and the toughest nasal allergy symptom—congestion. It does this by blocking the body’s responses to allergens and reducing inflammation in the nasal passages. And Xyzal Allergy 24HR is an antihistamine that offers continuous, maximum strength relief of sneezing, runny nose, itchy, watery eyes and itchy nose or throat. In fact, Xyzal provides all night and all day allergy relief that can help allergy sufferers get a better night’s sleep and a better day’s productivity.
The National Community Pharmacists Association is highlighting the results from its Ownership Workshop ahead of two that will take place later this year. The NCPA Ownership Workshop has been offered by the Alexandria, Va.-based organization for more than 20 years. The upcoming workshops are slated to take place June 8-10 in Denver, Colo., and Oct. 4-6 in Boston.

The more than 20 years of workshop success stories include Hashim Zaibak, who currently owns 11 pharmacies under the Hayat Pharmacy Name in Milwaukee, Wis., and attended the NCPA Ownership Workshop to learn more about the business side of pharmacy.

“I had wanted to own my own store since pharmacy school, but my training was in pharmacy, not business, so I really had no idea what ownership would entail,” Zaibak said. “When I heard about NCPA’s Ownership Workshop I thought, ‘Maybe here’s how I can get the info and learn the skills I need to start my own pharmacy business.’ Turned out to be one of the best things I’ve ever done, and it was really the push I needed to purchase my first pharmacy.”

Since the workshop’s inception, NCPA said it estimates that more than 2,500 pharmacists have attended, with more than half ending up as pharmacy owners and others still owning multiple, as Zaibak does.

One of the more recent pharmacy owners to attend is Whitney Culpepper, who came to own Hoover Hometown Pharmacy in Hoover, Ala. 18 months ago. “The Ownership Workshop was an invaluable experience for me. I took away an incredible amount of practical knowledge from it,” Culpepper said. “Afterwards, the speakers became resources for advice as I opened my own independent pharmacy a year and a half ago. I can confidently say I would not be where I am as an owner if I hadn’t attended the Ownership Workshop.”

The program covers such topics as the keys to building a successful pharmacy practice, financial planning, marketing tips, a breakdown of a pharmacy’s technology needs and strategies for floor planning, pricing and product placement, among others, NCPA said.

“It provides a real-world perspective on what ownership entails and equips attendees with the knowledge they need to confront challenges successfully,” said Kurt Procter, NCPA’s Innovation Center director whose team offers the workshop three times a year around the country, said that the workshop. “It’s made the difference between dreaming about ownership and doing something about it.”

Registration for both the June and October workshops is currently open on NCPA’s website: http://www.ncpanet.org/meetings/ownership-workshop
Hamacher Resource Group last week announced the launch of a new blog series, “Step into Natural,” that will help independent pharmacists and their staff learn more about the natural products landscape.

“Natural products are a $180 billion industry and it will only continue to grow,” said Angela Pinkstaff, HRG director of business development. “We surveyed our independent pharmacy clients last year about naturals and 80% of the respondents told us they carry them. This blog series is part of HRG’s initiative to help natural brand manufacturers and independent pharmacies meet consumer demand.”

The series will cover a variety of topics including consumer profiles; trending ingredients; lifestyle and doctor-recommended diets; concepts like “free from,” “clean label” and social responsibility. It will also profile community pharmacies that are excelling in the natural products marketplace.

Hamacher Resource Group focuses on improving results for product manufacturers, healthcare distributors, retailers, technology partners and other organizations by addressing dynamic needs such as assortment planning and placement, retail execution strategy, fixture coordination, item database management, brand marketing and analytics. Founded in 1980, HRG is headquartered in Waukesha, Wis.

The blog can be found here: https://hamacher.com/natural/

President Donald Trump shared plans to combat the opioid crisis on Monday in Manchester, N.H., which has been especially hard-hit by the epidemic.

According to the White House, the Administration’s opioid response plan includes efforts to reduce factors fueling the crisis that include illicit supplies, education, combating over-prescribing of opioids and recovery support services. It includes a Safer Prescribing Plan that aims to reduce opioid prescription fills by one-third in the next three years while pushing for reimbursements to be issued with best practices. It also aims to arm first responders with naloxone, and expand access to evidence-based addiction treatments nationwide.

“Defeating this epidemic will require the commitment of every state, local, and federal agency. Failure is not an option,” Trump said. “Addiction is not our future. We will liberate our country from this crisis. Never been like this. Hundreds of years — never been like this. And we will raise a drug-free generation of American children.”

Following the president’s speech, National Association of Chain Drug Stores president Steve Anderson commended Trump while reaffirming that pharmacy is poised to play a central role in opioid response efforts.

“NACDS commends President Trump’s leadership, and that of bipartisan members of Congress, in working toward more comprehensive policies to address the opioid abuse epidemic,” Anderson said. “Key elements of President Trump’s plan, and legislative proposals under consideration in Congress, are consistent with NACDS’ policy recommendations. These recommendations are based on pharmacists’ experiences on the front lines of healthcare delivery.”

Anderson said that NACDS is urging lawmakers to pass policy related to electronic prescribing, limiting initial opioid prescription for acute pain, the creation of a national prescription drug monitoring program and more robust drug disposal efforts.
NACDS applauds Congress’ DIR fee reform letter
BY DSN STAFF

The National Association of Chain Drug Stores announced its support for a letter written to Health and Human Services Secretary Azar, which was written and signed by 50 members of the U.S. House of Representatives and led by Rep. Tom Marino and David Loebsack.

The letter is an effort to achieve pro-patient and pro-pharmacy reforms of direct and indirect remuneration, or DIR, fees in Medicare Part D. House members stated that DIR fee reforms could lower out-of-pocket costs for beneficiaries and make medicine more accessible, which could lead to greater adherence and better health outcomes, the Arlington, V.A.-based company said.

“NACDS is committed to helping bring about a solution to unsustainable DIR fee practices. We appreciate the continued leadership of Congressmen Marino and Loebsack on this issue, and the strong engagement of the House members who signed this important letter,” Steven C. Anderson, president and CEO of NACDS, said. “We are hopeful that the Centers for Medicare and Medicaid Services will maintain the momentum that it has signaled to move toward a workable solution.”

Originally created to capture and report rebate amounts paid by manufacturers at the end of the plan year, DIR fees have come to be a catch-all category used increasingly by plans to include various pharmacy price concessions, such as fees related to performance-based or participation in a preferred network, the company said.

The Congressional letter states, “The unpredictable variability in the use of fees provides little visibility for the Medicare program, as well as for participating retail pharmacies, particularly for performance-based fees and the goals necessary to achieve specified targets to ‘earn back’ fee amounts.”

House members are urging the Centers for Medicare and Medicaid Services to pursue the reforms that it has signaled, as well as to consider other policies that promote a quality-driven healthcare system that also have been urged by the NACDS.

Nielsen: Immunity system boosters selling year-round
BY MICHAEL JOHNSEN

U.S. consumers are buying cough/cold products year round, particularly immunity system boosters, not just when the need hits them during the typical cough/cold and flu season. According to a teaser for Nielsen’s latest Total Consumer Report published Tuesday, cough and cold syrups, drops and lozenges and other remedies were among the top-performing health care items in 2017 as compared with 2016.

Other pockets of opportunity within cough/cold sets include supplements, especially those that help boost the immune system. “From the perspective of supplements, we see preventative health items/products/categories winning compared with those that seek to directly affect or enhance one’s health,” Nielsen noted in its blog. “For example, supplements in a general sense are performing very well, growing by 5.5% in dollars this past year. Conversely, sales of supplements used for weight control and for sports declined by 12.3% and 6.5%, respectively.”

“While the [VMS] category as a whole has performed incredibly well at +5% sales growth, growth has been multiples higher in many cases. Vitamins and supplements that contain ginger, turmeric or ginkgo as ingredients, for example, have seen double-digit dollar growth of 13%, 17% and 24%, respectively, compared with sales in 2016.”

Ginger, turmeric and ginkgo are all known as immunity system boosting supplements.
Amazon drops plan to become a major pharmaceutical distributor: 7 things to know.
By Alia Paavola

Amazon Business, the e-commerce giant’s separate business-to-business marketplace, shelved its push to become a major pharmaceutical supplier to large U.S. hospitals and outpatient clinics, reports CNBC.

Here are seven things to know.

1. Amazon Business already sells a limited selection of medical supplies on its platform — ranging from sutures to band aids to hip implants — as well as industrial supplies and office supplies. However, Amazon was hoping to expand this marketplace into a one-stop shop where large hospitals could stock up on pharmaceutical products as well as medical supplies for emergency rooms, operating suites and outpatient facilities.

2. While Amazon has abandoned its plan to sell and distribute pharmaceutical products for now, the e-commerce giant hasn’t completely ruled out entering the pharmaceutical distribution space. Some reports have speculated that the company will aim to become a direct-to-consumer prescription drug business in the future.

3. The change in plans is partially because Amazon has been unable to convince larger hospitals and health systems to adhere to a different purchasing process. The traditional provider-supplier relationship typically consists of loyal relationships and a few middlemen.

4. In addition, Amazon would need to build a more sophisticated logistics network to handle pharmaceutical products, according to sources familiar with the matter. Amazon’s warehouse and shipping infrastructure is not equipped with cold chain technology, meaning it is not set up to store and deliver temperature-sensitive pharmaceutical products. This would be an expensive project to undertake.

5. Instead of working to become a major pharmaceutical distributor to major hospitals, the e-commerce giant will focus on beefing up its less sensitive medical supply offerings to smaller hospitals and clinics, sources familiar with the matter told CNBC.

6. With the proper licensing in 47 states and the District of Columbia, Amazon has been selling medical products like gloves, stethoscopes and sutures to medical clinics for several years. However, the e-commerce giant has struggled to sign contracts with large hospital networks, despite talking with and inviting hospital executives to its headquarters in Seattle on numerous occasions. These larger hospital networks have contracts and relationships with large distributors such as Cardinal Health and McKesson.

7. “The hospital and healthcare systems have entangling alliances with their existing purchasing and supply chain partners,” Tom Cassels, head of strategy and business development at Leidos Health, a healthcare consulting firm, told CNBC. “It's very difficult to replicate the Amazon buying experience in healthcare.”
May Is Better Sleep Month

The aim of Better Sleep Month is to encourage people to establish better sleeping patterns.

Refreshing sleep is of huge importance when staying healthy. Better Sleep Month is supported by the Better Sleep Council (BSC), which aims to raise awareness about the benefits of better sleep and how poor sleep can disrupt our lives. As with diet and exercise, sleep is crucial to our physical, emotional and mental health.

Inadequate sleep can lead to an increase in blood pressure and stress hormone production; the body can become stressed when it does not get enough sleep.

The consequences of poor sleep include reduced concentration, mood swings, irritability, stress, and a weakened immune system. The release of stress hormones can also make it harder to sleep, perpetuating an unhealthy sleep cycle.

In severe cases, poor sleep may be linked to serious problems including narcolepsy, insomnia, restless leg syndrome and sleep apnea. Better Sleep Month helps to make more people aware of these problems; advice from a suitable health professional should be sought if any of these consequence are experienced.

Psychological & Physical Factors Affect Sleep

There are many physical and psychological factors which can cause poor sleep; stress is a common cause.

Worries such as elder care, childcare, family conflicts, problems with personal relationships, financial concerns & other anxieties can all interrupt healthy sleep patterns. Physical factors which can affect sleep include pain, excess sweating, need to urinate, noise (including snoring by a bed partner) & light levels.

Stress can elevate blood pressure; heart attack and stroke are well documented risks of high blood pressure.

Gender can also play a role in sleep disturbance. Michael Breus, Ph.D author of ‘Beauty Sleep: Look Younger, Lose Weight, and Feel Great Through Better Sleep’, believes that women are generally more sleep deprived than man.

Further factors which disrupt sleep include excitement, depression, anxiety, and caffeine intake close to bed time; environmental factors include, room temperature, light levels, humidity, bedding and noise.

Achieving Better Sleep Through Lifestyle Changes & Stress Reduction

In many cases, better sleep can be achieved through changes to our lifestyle and the way we think about things. Better Sleep Month helps to make people aware of any poor sleeping habits we may have; organizations which support this awareness campaign give advice and support on how to improve your sleep.

Counseling can help address any personal problems which are causing stress; relaxation techniques may be taught to counteract the effects of stress.

There is recent evidence which suggests achieving better quality sleep may be more important than increasing the number of hours sleep. The National Sleep Council, which supports Better Sleep Month, has reported that people who sleep between 6 and 7 hours a night actually live longer than those who sleep for 8 hours.
Sleep Deprivation Has a Big Impact On Productivity

During 2008 Better Sleep Month, the BSC conducted a survey on sleep and productivity in the workplace. Their results showed that the main consequences of lack of sleep in the workplace include a huge decline in quality of work, judgment and concentration. It’s estimated that poor sleep costs US businesses about $150 billion through absenteeism and lost productivity.

How Much Sleep Is Needed?

Many experts believe that between 7.5 and 8.5 hours of sleep a night is optimal. However, better sleep does not refer to just the length of time we sleep.

Better sleep is quality sleep.

6 hours of deep refreshing sleep is more beneficial than 8 hours of light interrupted sleep.

Tips To Get Better Sleep:

• Establish a consistent sleep schedule by sleeping at the same time each day of the week (including weekends).
• Relax before sleeping. Prior to sleep, limit any stimulating activities such as exercise and work. Perform activities that you may find relaxing such as reading.
• Create an optimal sleeping environment. Your place of sleep should be dark, ventilated and of an appropriate temperature. Black out blinds can help seal out light in area. If possible, remove any distractions such as computers and TVs from the room. Ensure your bedding is of adequate quality and there is enough space in the bed if you share the bed with a partner (or a pet!).
• A healthy lifestyle consisting of exercise and a healthy diet can contribute towards better sleep. Avoid alcohol, nicotine and caffeine close to bed time. Whilst alcohol may help some people to relax, it can disrupt sleep throughout the night.

For more information on Better Sleep Month, visit the Better Sleep Council Website at http://bettersleep.org.

Promotional Opportunities Beginning May 1

• Get daily tips and inspiration through posts on the BSC’s Facebook and Twitter channels, featuring BSC consultant, R.N. and certified sleep educator Terry Cralle’s “31 Ways to Be Better in Bed!”
• Participate in weekly “sleepstakes” on the BSC’s Facebook page.
• Read weekly posts on the BSC’s blog.
• Check out partnering lifestyle bloggers’ sleep-related content, including material from BSC spokeswoman Lissa Coffey.
• Learn about what consumers do in bed, their habits and more through the release of the BSC’s new survey results.
• Take the Better Bed Quizzz.
• Sign up for the new BSC newsletter.
May is Healthy Vision Month
May is Healthy Vision Month, a national eye health observance established by the National Eye Institute (NEI) in May 2003.

Healthy Vision Month is designed to elevate vision as a health priority for the Nation. Millions of people living in the United States have undetected vision problems, eye diseases, and conditions. Please join us in educating people in your community about the importance of comprehensive dilated eye exams in maintaining eye health and preserving sight.

Welcome to the Healthy Eyes Toolkit! Here are several resources to assist you in promoting Healthy Vision Month to your customers.

The National Eye Institute (NEI) has developed this Toolkit to help you promote eye health in your community. Use the tools and resources here to educate others about the importance of eye exams in maintaining good eye health and keeping the eyes safe at work and at play.

**Web-based Resources**
This link leads to:
- Websites
- Text Messages

https://nei.nih.gov/healthyeyestoolkit/e_resources

**Teaching Tools**
This link leads to:
- Resources for Promoting Eye Health
- Presentation Tools

https://nei.nih.gov/healthyeyestoolkit/c_resources

**Information To Share**
This link leads to:
- Handouts & Fact Sheets
- Posters & Calendars
- Bookmarks
- Patient Reminder Resources
- Stickers, Magnets & Coloring Pages
- Retail Announcements & Receipt Messages

https://nei.nih.gov/healthyeyestoolkit/d_resources

**Media Resources**
This link leads to:
- Resources for Working with Media
- Customizable News Release
- Drop-in Articles
- Print & Radio Public Service Announcements
- Buttons & Banners for Websites
- Videos

https://nei.nih.gov/healthyeyestoolkit/e_postcards

Source: https://nei.nih.gov
Eat Well To Keep Your Eyes Healthy!

Good eye health starts with the food on your plate. Nutrients like omega-3 fatty acids, lutein, zinc, and vitamins C and E might help ward off age-related vision problems like macular degeneration and cataracts. To get them, fill your plate with:

- Green leafy vegetables like spinach, kale, and collards
- Salmon, tuna, and other oily fish
- Eggs, nuts, beans, and other nonmeat protein sources
- Oranges and other citrus fruits or juices
- Oysters and pork

A well-balanced diet also helps you stay at a healthy weight. That lowers your odds of obesity and related diseases like type 2 diabetes, which is the leading cause of blindness in adults.
What CVS Is Doing To Community Pharmacies In The US Will Make Your Blood Boil
Mar. 30, 2018 • Business Insider Op-Ed

The short version of what happened to CVS in 2018 is this: The company got too greedy, and then it got caught.

In its greed, the company squeezed independent mom-and-pop pharmacies. The squeezing wasn’t being done by the part of CVS you buy dental floss from or visit to pick up a prescription, though it’s not unrelated. It’s a behind-the-scenes business known as a pharmacy benefit manager, which manages payments between insurers and pharmacies and drug companies.

The mom-and-pop pharmacies say CVS’ in-house pharmacy benefit manager, CVS Caremark, slashed reimbursements for medications sold to their patients on Medicaid. At the same time, they say, it was reimbursing CVS pharmacies at much better rates. With some of them on the verge of going out of business, these pharmacies have rallied lawmakers — both Democrats and Republicans — to put an end to this.

So now CVS faces a tide of resistance to the way it deals with smaller rivals. Already, Arkansas legislators have passed a law aimed at curbing this behavior. This is new regulation in a Republican-dominated state. That’s how bad things looked to the lawmakers.

Ohio is forcing PBMs to disclose more about the way their pricing and contracts work. Mom-and-pop pharmacists in states like Texas and Kentucky are realizing they have a CVS problem on their hands too. Caremark manages payment for Medicaid-managed care plans in more than 20 states.

This is important because CVS is trying to cut a $68 billion deal to buy a health insurer, Aetna — a deal that would make it even more powerful and more able to obscure the whys and hows of pricing all through the healthcare system.

What’s more, CVS isn’t the only healthcare company trying to turn into a leviathan. Over the past few years the largest healthcare companies — including insurers, PBMs, hospitals, and drug companies — have been combining in what is known as vertical integration, or mergers between companies in the same industry whose businesses don’t directly compete. They say this is an effort to create efficiency in the healthcare system. What CVS has shown, though, is that this kind of integration can actually get companies drunk on pricing power, and create monopolistic monsters.

In Arkansas

To their credit, once legislators in Arkansas figured out what was happening to local pharmacies, they moved at blinding speed.

The state legislature nearly unanimously passed a bill designed to curb this behavior from PBMs on March 14.

The situation had gotten desperate, fast. The way mom-and-pop pharmacists tell it, CVS started bringing the pain at the beginning of 2018. Suddenly, reimbursement rates for Medicaid plummeted at the same time drug prices for Medicaid started rising. So in the beginning of February, Arkansas Attorney General Leslie Rutledge started investigating the matter.

"The amount paid to the pharmacy was less than half of what was being charged to the plans," Scott Pace, of the Arkansas Pharmacists Association, told Business Insider.

Pharmacists in Arkansas, for example, say:

- For a Fentanyl Patch 100, CVS pharmacies were reimbursed $400.65 while mom-and-pop pharmacies were reimbursed $75.74.
- For Amoxicillin, CVS pharmacies were reimbursed $35.92 while mom-and-pop pharmacies were reimbursed $12.21.
- For even something as simple as Ibuprofen, CVS pharmacies were reimbursed $5.86 while mom-and-pop pharmacies were reimbursed $1.39.

Sometimes, the pharmacists say, they weren’t reimbursed enough to cover the cost of filling the prescription. These aren’t the only ones, to be clear. Business Insider has seen a long list of alleged disparities like the ones above.

CVS, for its part, denies that it is squeezing the mom and pops. Business Insider sent the above examples to the company, and its spokeswoman Christine Cramer said they were patently wrong. However, she also said the pharmacists were "cherry-picking" reimbursements that look especially bad.

"The facts are that on an aggregate basis, we reimburse independent pharmacies at a higher rate than larger regional and national chains," she said.

"CVS Caremark considers local, independently owned pharmacies to be important partners in creating our pharmacy networks, and in fact, independent pharmacies account for nearly 40% of our network," she added. "Furthermore, we reimburse our participating network pharmacies, including the many independent pharmacies that are valued participants in our network, at competitive rates that balance the need to fairly compensate pharmacies while providing a cost-effective benefit for our clients."

This response did not jibe with what legislators, patients, and pharmacists were seeing on the ground, though.

Out of a $50 drug, for example, say $22 was paid to the mom and pop, the rest went to CVS — to its PBM. At the same time, patients looking at how much a drug cost their health plan in their explanation-of-benefits portal would show a price of, say, $100.

"The numbers were stark," Pace said.

So until this was all figured out, people who bought medicines at their local pharmacies in Arkansas (and Ohio) didn’t know that their neighbors were getting screwed. They also didn’t know that, as their local pharmacists were getting squeezed, CVS was waiting in the wings, sending out letters offering to buy the very mom-and-pop shops it was forcing out of business.

One pharmacist, Rick Pennington of Lonoke, Arkansas, said that if it weren’t for his business mailing a generic erectile-dysfunction pill to nine states, he’d be out of business.

"When you look at who’s controlling the money and who has the leverage, it’s the PBMs who have control," Pace told Business Insider. "These folks are trying to get more integrated into the healthcare system, and so far we’ve seen that means patients lose. Next, they’ll buy a hospital and be an HMO. I think that’s bad for patient choice."

He added: "It’s not a free market because there is no transparency on pricing."

CVS, however, denies coordination between its PBM and its pharmacies.

"Our retail business has engaged in acquisition activity and outreach to other pharmacies since well before CVS and Caremark merged, and, in fact, the communications materials related to this activity has been relatively unchanged over the years," Cramer said. "Any retail acquisition activity is completely unrelated to, separated from, and not coordinated in any way with the PBM business’ management of its pharmacy network."
In Ohio

The story for pharmacists in Ohio is a bit different. There, some have viewed CVS as problematic for years, but instead of seeing reimbursement rates plunge, legislators and pharmacists said they’ve been moving up and down like crazy since around 2015. By October or November of last year, gross annual margins for Medicaid payments to mom and pops were going below zero, and pharmacists were losing money on most drugs sold.

“Because those rates are set arbitrarily you’re set up for a roller-coaster ride,” Antonio Ciaccia of the Ohio Pharmacists Association said in a phone interview with Business Insider. “No one expects to get rich off Medicaid ... but if you sat down with a pharmacist that was willing to tell you, ‘Here’s what I was getting paid,’ you could match it up with state-utilization data and see the spread and how significant the loss was ... That’s what kind of lit everything up in Ohio.”

There was also the suspicion that Medicaid was being overcharged. One legislator, after being briefed on what was going on by Ohio’s Medicaid agency, said simply, “We’re getting hosed.”

And of course, CVS sent those letters soliciting acquisitions. One came on November 9 of last year, a particularly bad time for the state’s mom-and-pop pharmacists.

Suddenly, the number of people in Ohio government demanding answers, led by Ohio Speaker Cliff Rosenberger, started to multiply. They realized that the Ohio Department of Medicaid wasn’t even asking for the right pricing data, and CVS had never considered giving it to them. Now, as rules change within the department, it’ll have to.

Brad Miller, Rosenberger’s press secretary, said this was something his boss had been looking into for years.

“In order to be responsible stewards of taxpayer dollars, you must have access to reliable and accurate data,” he said. “Around the state, we are seeing the negative impact the current system is having on local, independent pharmacies, many of which have been forced to close in recent years. This, in turn, reduces patients’ treatment options and access to care. Having access to this data will go a long way toward lowering prescription-drug costs for patients and employers, as well as help reduce the burden on Ohio taxpayers.”

Ciaccia told Business Insider that during the three years CVS has been engaging in this behavior it has gained 68 pharmacies in the state. Its competitor Walgreens added only two locations over the same period.

“We are done messing around in Ohio,” he said. “This system is completely broken ... It is layered and layered with conflicts of interest. I don’t care who the PBM is.”

What a tailor can do!

PBMs have all sorts of tricks up their sleeves to make money not just from pharmacists but also from insurers and drug companies — basically anyone involved in getting medicine to you.

Here are a few of their greatest hits:

- They can make money (as we’ve seen here) off the spread between what they pay pharmacists and what they charge your insurance plan.
- They have gag orders on pharmacists, so your pharmacist can’t tell you whether it’s actually cheaper for you to use plain old cash to buy a drug that isn’t part of your healthcare plan. (Note, the fact that there might even be a cheaper alternative challenges the PBMs’ claim that they save money for their clients in the first place.)
- They get reimbursements from pharmaceutical companies. The fatter the rebate, the more likely they’ll include a company’s drug in a client’s (your) managed-care plan, but they don’t have to share that reimbursement with the client (you). They can keep some and negotiate rebates for themselves. They can collect all kinds of administrative fees and other types of fees from drug companies too.
- We’ve been learning about this slowly. Three PBMs — CVS Caremark, Express Scripts, and UnitedHealth Group — control about 70% of the US market, and they guard their secrets zealously. Recently, though, the news site Axios published a contract template for Express Scripts. No two contracts are alike, and Express Scripts grumbled that the one Axios published (which was rife with loopholes to make Express Scripts money at every turn) was old and irrelevant.

Yet the company demanded that DocumentCloud, where the contract was posted, immediately take it down, citing copyright infringement.

This "Oh it doesn't matter to our business — but DON'T TOUCH THAT!" response is trending in PBM world.

For example, earlier this month the US Senate introduced the Patient Right to Know Drug Prices Act, which would ban the so-called gag clauses mentioned above (as Arkansas lawmakers did in their bill).

The Pharmaceutical Care Management Association, the PBM lobby, responded to that by saying:

“We support the patient always paying the lowest cost at the pharmacy counter, whether it's the cash price or the copay. This is standard industry practice in both Medicaid and the commercial sector. We would oppose contracting that prohibits drugstores from sharing with patients the cash price they charge for each drug. These rates are set entirely at the discretion of each pharmacy and can vary significantly from drugstore to drugstore.”

Sounds as if they’re for it, right? Wrong. Here’s the next sentence.

"Fortunately, to the degree this issue was ever rooted in more than anecdotal information, it has been addressed in the marketplace."

So which is it, guys? Do you think transparency is important and support patient rights — or are you going to fight this bill?

It’s a simple question. And it’s easy to see the answer.

Rep. Buddy Carter, a Georgia Republican, introduced the Prescription Transparency Act to the US House of Representatives this month. It does basically the same thing as the Senate bill, and, as the only pharmacist in Congress, he knows he’s facing a street fight from the PBMs lobby.

“They spent $600,000 against me when I first ran for office three years ago to try to get me defeated, and over the past few years we've seen them ramp up their political activity,” Carter told Business Insider. He’s also noticed that legislators in Washington are finally waking up to the urgency of this situation. There have been hearings about drug pricing in both houses, and Scott Gottlieb, the commissioner of the Food and Drug Administration, has come out swinging especially hard, saying that the PBMs sit at the top of a “rigged system.”

“We’ve seen some companies that dropped the PBMs such as Caterpillar and they’ve been able to control drug prices,” Carter said in a phone interview. “Right now the focus is on prescription drug pricing, and the most impact we can have on pricing is to have control on transparency from the PBMs.”

If you believe that, you should also believe taking that control won’t be easy. Once we do, though, it may change the way you look at what our healthcare is trying to become.

This column does not necessarily reflect the opinion of Business Insider.
HealthWise Pharmacy Shopping Destination Opportunities

Take a good look at the front of your store and ask yourself, “Does my store create an interest level of shopping and discovering some of my new products?” This could be a different way of promoting your new HBW items, gift items, or more specifically, jewelry, collegiate, candles or the rapidly growing pet care category. How are you making your store a more inviting shopping destination for your customers not only for prescriptions, but also for other items, products and services? Your customers should never walk in to pick up their prescriptions and then go down the street to a box or chain store to complete their shopping list. For the next several months we will feature ideas and suggestions that can help improve your shopping destination opportunities. These are opportunities for growth, exposure to new customers, and increased profit to your bottom line. Think outside the box and delegate these responsibilities to your front manager or employees. It can be fun and exciting for them to engage in the operation of your store, and will certainly increase your income. Eliminate categories that aren’t producing and try something new. Make sure that no matter what new things you try in your pharmacy that they are marketed to your customers with signage, notices, or a simple suggestion at the register, “Have you seen our new line of gifts, merchandise, items?” Whatever the case may be, make it fun, inviting, and promote it every way possible.
In the photos above, which one is your pick for the before image and which one for after? I thought it was an easy choice, but I was wrong. I chose the bottom photo as the better of the two. The top photo may look more interesting to some, but it is my opinion that neat and orderly is a better option and that the more expensive items should always be at eye level. People expect to hunt for items in a thrift shop but not in a pharmacy’s gift department.

The re-set of this kitchen gift department took a good deal of time, most of which was spent searching for the right shelves. The changes we made from the top to bottom photos included adding an extra shelf in each section and a slanted base shelf, displaying items in categories, eliminating a few items, and moving the four pitchers priced at $29.99 each to the top shelf (upper right corner).
Satisfy Your First Aid Shoppers

by Tara Kaifesh, Category Analyst, part of Monthly Retailer Category Tips

Source: https://hamacher.com/monthly-retailer-category-tips-first-aid-2/

First Aid has ranked in the top ten departments for the independent class of trade based on dollar sales for the past five years.

- The first aid dressings and first aid treatments subcategories comprise nearly 70% of First Aid department sales. These subcategories include adhesive and liquid bandages, tapes, gauze, topical antibiotics, antiseptics and medicated products, skin treatments and protectants, and wound cleansers. The growth of first aid treatment sales within the last year is mainly due to private label products; however, national brands have also seen growth. Over 75% of new First Aid items introduced in the last year have been from these subcategories.

- Make sure your private label stock levels are adequate — especially within your miscellaneous antiseptics like hydrogen peroxide and rubbing alcohol — since they provide a higher profit margin for your store.

- There are two types of shoppers within the First Aid category, proactive and reactive. The proactive shopper fills her medicine cabinet with a variety of products for minor cuts and scrapes. During the warmer seasons, she will be looking for itch products for bug bites. The reactive shopper purchases products on an as-needed basis and seeks advice on which products to use. Some of these products include lice treatments, poison ivy relief, and items for larger wounds. Satisfy both shoppers by maintaining ample stock.
# Stock Up Your First Aid Selection

<table>
<thead>
<tr>
<th>Item#</th>
<th>Description</th>
<th>Size</th>
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<tbody>
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<td>6X2.5 YD</td>
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<td>1 EA</td>
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<td>NEO TO GO ANTISEPTIC SPRAY</td>
<td>1X1.26 OZ</td>
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<td>279562</td>
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<td>BENADRYL ITCH RELIEF STICK</td>
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<td>300137</td>
<td>JJ HURTFREE ANTIS WSH 6Z4459</td>
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<td>JJ KLING GAUZE 3”X2.1YD 5CT</td>
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<td>JJ SECURE FLEX WRAP 2”</td>
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<td>JJ TAPE FA PAPER 1”X10YD</td>
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<tr>
<td>803874</td>
<td>JJ 1ST AID KIT ALL/PURPOSE</td>
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</tr>
</tbody>
</table>
A solution for the health of both your community and your pharmacy.

Expand Consultation
Drive Value
Improve Outcomes

A Protocol That Can Make a Difference.
Ideal Protein Protocol
A Consultative Approach to Your Pharmacy

The Ideal Protein Protocol is an effective, turnkey program that arms pharmacists with a medically sound solution, consistent with evidence-based guidelines for weight loss management and maintenance for their patients and community.

The Protocol is a structured approach that integrates partial meal replacements, healthcare professional oversight and one-on-one coaching to support permanent lifestyle and behavioral changes.

Existing pharmacy staff will be trained as coaches and build relationships with required in-person visits. In addition to new revenue, pharmacies are realizing increased foot traffic, clientele, and front-end sales all while helping their patients achieve impactful and sustained health outcomes.

Structured Protocol Implemented as a Service by your Pharmacy Team:

<table>
<thead>
<tr>
<th>Lifestyle Building</th>
<th>Lifestyle Living</th>
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<tbody>
<tr>
<td><strong>Qualification</strong></td>
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<td>Weight Loss</td>
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<tr>
<td>Phase 1</td>
<td>Phase 2</td>
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<tr>
<td>Followed until weight objective is achieved</td>
<td>2-weeks</td>
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<tr>
<td>Pre-Stabilization</td>
<td>Stabilization - 12 months</td>
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<tr>
<td>Phase 3</td>
<td>Maintenance - New Lifestyle</td>
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Potential Revenue and Profits:

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<th>Avg # of Boxes Per Month</th>
<th>$29.60 Per Box Retail</th>
<th>$85 Per Dieter/Month</th>
<th>Total Gross Monthly Revenue</th>
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<tbody>
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<td>$44,020</td>
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</table>

2 The potential revenues and profits presented in the table above represent the actual revenues and profits that would be generated from your sales of Ideal Protein Foods Products having successfully achieved the average number of dieters in the table. This should not be interpreted as a guarantee or promise of earnings. Your earning potential is entirely dependent upon you and your efforts in maintaining a stream of dieters and a high level of customer service. The level of success you reach and revenues and profits you generate is entirely dependent upon your skills, financial resources, marketing efforts and time you devote to becoming a successful Ideal Protein clinic. Because of this, we cannot guarantee your earnings level nor do we in any way whether directly or indirectly do so.

For more information, consult your PBC or email Larry Kobiska, PharmD, R.Ph. BS. at lkobiska@smithdrug.com
Are you buying, selling or searching for a way to expand your community pharmacy ownership?

HealthWise Pharmacy Exchange is now available to assist you with making the right connections in a secure, confidential method.

- A new platform that provides the proper tools to connect buyers with sellers, including financial assistance partners.
- Expanding, selling or buying your own community pharmacy.
- Web based Pharmacy Listing Site (PLS) that’s secure and confidential.
- You select your regions of interest.
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- There is no cost to sign into this service and all of your information is private.
- Keeps community pharmacy local and “small town” focused.

Get On The Exchange At: hwpexchange.com
The core of who we are has not changed, but how you see us will...

The Quality You Expect
The Innovation You Want
The Service You Deserve
To make room reservations via the internet, go to this link: https://aws.passkey.com/go/SmithDrugCompany2018

To make room reservations by phone, call: 1.407.351.5555 or 1.800.266.9432

(Please refer to Smith Drug Annual Customer Trade Show.)

These reservations are for your hotel stay only. You must also complete the online registration process to attend the CE, Gift & Trade Show.